

**CLAIMANT'S STATEMENT ABOUT
LOAN OF FOOD OR SHELTER**

The information below refers to: (Claimant's Name)

Claimant's SSN

Name of Person Making Statement if other than Claimant

Relationship to Claimant

1. Name and address of person who provided you with food and/or shelter

2. Month(s) in which this person provided you with food and/or shelter
from _____ to _____

3. Have you and the above individual agreed that you will repay him/her for this food and/or shelter?

YES _____ If yes, go to question 4

NO _____ If no, stop, and sign and date below.

4. Under the agreement to repay:

How much will you repay? \$ _____

When will you repay? _____

What funds will you use? _____

5. Have you started to repay this money?

YES _____ NO _____

I declare under penalty of perjury that I have examined all the information on this form and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature

Date

Mailing Address

Telephone Number
(Include area code)